

**2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04000008747

**FILED**  
**Oct 01, 2019**  
**Secretary of State**  
**9641769283CR**

**Entity Name:** ASSOCIACAO DOS PASTORES BRASILEIROS DA FLORIDA, INC.

**Current Principal Place of Business:**

7736 NW 25TH STREET  
MARGATE, FL 33063

**Current Mailing Address:**

7736 NW 25TH STREET  
MARGATE, FL 33063 US

**FEI Number:** 20-1600632

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OLIVEIRA, PEDRO C PR.  
4300 NW 63RD AVENUE  
CORAL SPRINGS, FL 33067 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** PEDRO C OLIVEIRA PR.

10/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	LOPES, LEIDMAR C PR.
Address	7736 NW 25TH STREET
City-State-Zip:	MARGATE FL 33063
Title	VP
Name	OLIVEIRA, PEDRO C PR.
Address	4300 NW 63RD AVENUE
City-State-Zip:	CORAL SPRINGS FL 33067
Title	TREASURER
Name	PASSINATO, JOSÉ E PR.
Address	7416 NW 51ST WAY
City-State-Zip:	COCONUT CREEK FL 33073

Title	VP
Name	GOUVEIA SALUM, JOSIMAR PR.
Address	45 WHISPERING PINE LAND
City-State-Zip:	WORCESTON MA 01606
Title	SECRETARY
Name	PINHEIRO, ELIEL PR.
Address	2107 N DECATUR ROAD SUITE 790
City-State-Zip:	DECATUR GA 30033

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEIDMAR C LOPES PR

**PRESIDENT**

10/01/2019

Electronic Signature of Signing Officer/Director Detail

Date